DPH ITS Request Form

Information Techonology Services - Massachusetts Department Of Public Health

Please be advised that all network account requests need to be submitted a minimum of one week prior to user's start date.

☐ Create a New Account ☒ Modify Existing Account ☐ Delete Existing Account User Name [ ]

GENERAL INFO

First Name: Janice M: L Last Name: Zanolli

Start Date: 7/12/2010 Employment Status: Employee End Date: [ ]
*If NOT a State Employee.

Division: Analytical Chemistry Supervisor: Elisabeth O'Brien

Site: State Lab Institute Room / Cubicle: 354 Phone #: [ ]

SECURITY ACCESS

(Convenient) Please give user same rights as: Shirley Sprague

User Groups:	Add	Remove	Access to folders.	None	Read Only	Full
	☐	☐		☐	☐	✓
	☐	☐		☐	☐	☐
	☐	☐		☐	☐	☐
	☐	☐		☐	☐	☐
	☐	☐		☐	☐	☐

E-MAIL

User will not automatically receive an e-mail address, unless specifically requested in this section.

Email Account ☒

Mailbox Size: Standard 50 MB - $4.26

Distribution Lists

	Add	Remove
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

ADDITIONAL

The following may require additional forms and/or Supervisor approval. Please check all that apply.

☐ USB Flash Drive ☐ VPN
☐ Laptop / Notebook ☐ Mainframe Access
☐ BlackBerry

Other [ ]

Additional Software:
(Photoshop, Visio, etc.)

Additional Applications:
(MMARS, Meditech, etc.)

Notes: (When requesting a user termination, please specify if and who should receive a copy of user's files)

Requested By:	Date	Approved By:	Date
Elisabeth O'Brien	Jul 9, 2010		Jul 9, 2010

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